

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN 46

PLAINTIFF UNITED STATES OF AMERICA	RECEIVED U.S. MARSHAL 08 APR 24 AM 9:32 N. DIST. OF ILL.	COURT CASE NUMBER 08 CV 2268 08 cv 2268
DEFENDANT FUNDS IN THE AMOUNT OF NINETEEN THOUSAND DOLLARS (\$19,000)		TYPE OF PROCESS PUBLICATION/ PRELIMINARY ORDER OF FORFEITURE

SERVE ↓ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN \$19,000.00 UNITED STATES CURRENCY	
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) C/O DEA ATTN: PEGGY FITZGERALD 230 SOUTH DEARBORN, 12TH FLOOR CHICAGO, ILLINOIS 60604	

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	
PATRICK J. FITZGERALD, UNITED STATES ATTORNEY UNITED STATES ATTORNEY'S OFFICE 219 SOUTH DEARBORN, ROOM 500 CHICAGO, ILLINOIS 60604 ATTENTION: MARSHA A. MCCLELLAN, AUSA	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service).

PERSONAL SERVICE IS REQUIRED.
07-DEA-489899.

Signature of Attorney or other Originator requesting service on behalf of MARSHA MCCLELLAN AUSA <i>Marsha A. McClellan</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (312) 353-5300	DATE 4/22/08
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)		Date of Service 5/8/08	Time 10:10 am
		Signature of U.S. Marshal or Deputy <i>James W. Robbins</i>	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
		Advance Deposits	Amount Owed to US Marshal or
		Amount or Refund	

REMARKS:

prepared by K. Ellis

PRIOR EDITIONS MAY
BE USED

SEND ORIGINAL + 2 COPIES to USMS.

FORM USM 285 (Rev. 12/15/80)